Employer Child Care Assistance Partnership

Information for Employers

The Employee Child Care Assistance Partnership (ECCAP) program is a public/private partnership between an Employer, their Employee, and the State to contribute to a family's cost of quality child care. The Employer will agree to contribute to the total child care costs and make a payment directly to the Child Care Provider. The State will match the contribution (based on household income and size) and pay the Child Care Provider a matched amount up to 100% but no less than 50%. The Employee will be responsible for any remainder of the child care payment. The Employer and Child Care Provider must operate in the State of Kentucky, but the Employee may live outside Kentucky.

The Employer will initiate the process online at: <u>https://kynect.ky.gov/benefits/s/eccap-program</u>. The first step to apply online is to set up a Kentucky Integrated Child Care System (KICCS) portal account and a Kentucky Online Gateway (KOG) account. After the Employer and the Employee have a KICCS and KOG account, the employer will be able to submit their part of the DCC-600, Employee Child Care Assistance Partnership Application and Contract. After the Employer submits Section I of the application, the Employee will submit Section II, and the Child Care Provider will submit Section III of the DCC-600. After each section is submitted the party responsible for the prior section will need to notify the next party to complete their portion of the DCC-600. The Employer shall be the primary source of information and shall provide verification of employment, and the employee's income.

Employers preferring to apply via paper application will follow the directions found at <u>https://kynect.ky.gov/benefits/s/eccap-program</u>. If utilizing the paper application, the Employer will be responsible for submitting all 3 sections of the application. The Employee and Child Care Provider will fill out Section II & III respectively. The Employer will be responsible for returning the complete 3-page contract back to the State at <u>PartnershipChildCare@ky.gov</u>, fax 502-564-3464 or mail Division of Child Care 275 East Main St, 3 C-F, Frankfort, KY 40621.

Once the application is submitted, the State has 30 days to render an eligibility decision. After reviewing the submitted application, if further information is needed the State will return the contract to the Employer for corrections. Upon receiving a returned contract for further information, the Employer has 10 business days to respond. Failure to respond within 10 business days will result in the denial of the application. A DCC-605, Employee Child Care Assistance Partnership Notice of Action, will be sent to all parties notifying of the approval, denial, or termination of an ECCAP application.

The Employee may facilitate the Employer/Child Care Provider relationship by providing contact information. Each party is responsible for payments established by the contract. The Employee will be responsible for any amount not covered by the Employer/State match. The State is not involved in the payment process outside of the State contribution.

An individual may not be eligible to apply as more than one party to the contract. One person cannot be the Employer and Employee or be the Employer and be a responsible adult in the Employee's household.

The Cabinet will give priority to employers located in child care deserts and employers contributing at least 33% of the eligible child care costs. In each fiscal year, 25% of the total fund for ECCAP will be designated to small business employers.

If an Employee's income is below 85% SMI, they will be referred to the Child Care Assistance Program (CCAP) and the ECCAP application will be denied. Employees working in a regulated child care program will also be referred to the CCAP program as they are eligible for CCAP with the child care employee income exclusion. These persons would apply for CCAP at Kynect.ky.gov

Family Size	85% SMI/Monthly
2	\$4639
3	\$5731
4	\$6822
5	\$7914
6	\$9005
7	\$9210
8	\$9414
Over 8	Add \$205 for each
	household member

The State match amount is based on the Employee's <u>entire</u> household income. All responsible adults' income in the household must be verified. A responsible adult is defined as a natural/adoptive parent, step parent, legal guardian of child, or spouse of an

individual caring for a child in loco parentis. Self-employed household members will provide the most recent tax documents. All household members will need to be listed in the employee section, including all children in the home, regardless of their need for child care.

If the Employer's contribution covers the total cost of child care, a state match will not be necessary.

If child care is not needed at the start of the fiscal year, the child care provider may note the date the enrollment will begin thus the date payments will begin. Contracts covering multiple children will have the payments applied to the youngest child first and any remaining match amounts will be applied to the next oldest child. If an Employee utilizes multiple Child Care Providers, the youngest child will have the contribution applied to their Provider first and any remaining funds will be applied to the next oldest child's Provider. Multiple Providers will result in a contract having multiple Provider sections of the DCC-600. DCC will work out the payment details for multiple children or multiple providers and communicate payment breakdown on the DCC-605 for all parties.

If payments are for a school year (ex. 10 months), the Child Care Provider would reflect the months payments are needed. Otherwise, payments will run from the start date of the contract until June 30th or the contract end date. Tuition changes will not affect the contractual contribution amounts for the duration of the contract.

The Employer, Employee, or Child Care Provider may request the contract be terminated for any reason and must notify all parties with a specific end date that is no sooner than 2 weeks from the date of notice, unless the Child Care Provider gives consent to an earlier termination date. All parties are financially obligated up to the date of termination. A DCC-605 will be sent to all parties upon termination.

All parts of the contract will remain in place for the approved State fiscal year, (July 1- June 30), unless the contract is terminated by one or more parties. The Child Care Provider may contact the State to terminate the contract if the Employer fails to pay the agreed upon contribution or if the Employee fails to pay the remaining costs. The Child Care Provider must notify the State within 5 business days if the Employer fails to make the payment. After receiving the notification, the State will cease providing the State match and will notify the Employer that the contract will be terminated unless the Employer remedies the nonpayment within 5 business days of receipt of the notification. If the Child Care Provider fails to make this notification and receives a State match, the Child Care Provider must reimburse the State for the overpayment.

An ECCAP contract will be terminated if the Child Care Provider ceases to be a licensed/certified provider or ceases to participate in the All-STARS program.

The Employer must terminate the contract if the Employee is no longer employed. The Employer must notify the State of the Employee's termination within 3 business days and the contract is terminated on the calendar date provided by the Employer in the notification. If the Employer fails to notify the State and a State match is issued to the Child Care Provider, then the Employer must reimburse the State for the overpayment.

Any changes to the agreed upon terms of the contract will terminate the contract.

Reapplication is needed each year to continue participation in the ECCAP program. Employers with existing contracts may apply April 2nd of each year for continued participation for the upcoming State fiscal year beginning July 1st. New Employers may apply May 17th of each year for the upcoming state fiscal year beginning July 1st.

Tax credit or incentive questions should be directed to the Employer's tax professional.

Any party to this contract may request an administrative hearing regarding an eligibility or payment determination within 30 days of adverse action by contacting the Office of the Ombudsman and Administrative Review, Quality Advancement Branch, 209 St. Clair Street, Frankfort, KY 40601.

Questions can be directed to ECCAP staff by contacting PartnershipChildCare@ky.gov

ECCAP Provider Portal User Guide

User Guide for Employers, Employees, and Providers

Employers

Employers participating in the Employee Child Care Assistance Partnership (ECCAP) submit Contracts and receive documentation via the KICCS Provider Portal. Employers start the application process by creating a Contract, followed by the employee and provider submitting the applicable sections.

Pre-Requisites

A Kentucky Online Gateway (KOG) account is required for accessing the KICCS Provider Portal. See the KICCS Portal User Guide for instructions to create an account and request roles if you have not completed this step. Division of Child Care (DCC) will create an Employer/Business record for the business participating in the Contract. This Employer/Business will be associated with the employer's KOG account as part of the account approval process.

The employee must also have an approved KOG account before an ECCAP Contract can be initiated. The employee's KOG email address is needed when creating the Contract.

The employee must sign into KOG and open Provider Portal prior to the employer beginning the Contract.

Home screen

The Provider Portal Home screen includes a navigation menu on the left with access to the ECCAP My Contracts screen. Messages display in the main portion of the screen followed by a workbasket at the bottom.

ome	Home		
CCAP	Billing forms are not yet available for processing.		
/ itracts	Should you have any questions regarding this message or any other issues, please contact the KICCS HelpDesk by email at <u>CHES.KICCSHelpdesk@ky.gov</u> o • (502) 564-0104, option 6 (Frankfort area local calls) • (866) 221-0003, option 6 (toil free)	r by phone:	
	Best Regards, The KICCS Team		
	Beginning December 1, 2022, CCAP payments will be paid based on Enrollment not Attendance. Children who attend a childcare facility in November will be paid to prefilled on the Provider Billing Form (PBF).	based on the enrollment on the CCAP certificate that is	
	All providers, Licensed, Certified and Registered, will submit the PBF blank, unless the prefilled codes do not accurately reflect the child's schedule and an exception needs to the "Flex Schedules" and "ITCS Centers" sections.	o be made. Exclusions to this rule are listed below in	
	Exceptions/Care Schedules • An exception is a change to the preprinted schedule on the PBF. Exception codes will be used if the prefilled schedule is different than the child's actual schedule.		
	o For example, the prefilled schedule is a 1 but the child's actual schedule is part day. The provider will enter a 2 in the Provider Exception box.	Informational messages display	/
	Exception codes that will be used while paying based on enrollment are:	on the Home screen. Many of	
	o I = ruii Jay o 2 = Part Day	these are instructions for child-	
	o 43=Holiday Code o 55=No payment requested (to follow 60/65, if center is closed other than one of the 10 holidays allowed, or if care schedule is incorrect for child's needs)		
	o 60 - Last Day Attended o 65 - Last Day Attended, Non-Payable Day	care providers.	
	Enrollment ending codes 60 (child's last day/payment is requested) and 65 (no payment requested) require a code 55 to be filled in all boxes after the 60	or 65 to prevent overpayment.	_
	If a child's care schedule is incorrect on the certificate, it will be incorrect on the PBF. Parents should be advised to contact the DCBS Family Support office to have incor When receiving a new certificate for signatures, do not sign and return the certificate if the care schedule is incorrect as the billing process will be incorrect.	rect care schedules corrected.	
	Flex Schedules All flex schedule enroliments will need to be coded according to the child's actual attendance using codes 1 and 2. If a Flex schedule PBF is left blank then a payment will no	t occur.	
	School Age Enrollments School age children should be on a regular school schedule (part days when school is open and full day when school is closed) unless they attend 5 or more hours per day o	r attend during non-traditional hours.	
	ITCS Centers Infant/Toddler Contract Slot participants will need to use the special 700 codes when submitting the PBF to ensure correct payments. The 700 codes will only need to be use	ed for those children/slots enrolled in the ITCS program.	
	Important Copay Information		
	Previously, the Division of Child Care had stated they would stop paying the parent copayments effective January 1, 2023. We're happy to announce that the decision has be through 2023. Families are still responsible for any overages assessed by the provider.	een made to continue covering the assessed copayment	
	If you have further questions, please contact: CCAPProviderPayments@ky.gov.		
	Due to the COVID-19 outbreak, our employees are working remotely and phone coverage is limited. For technical assistance please email the KICCS Helpdesk at CHFS.KICC	<u>SHelpdesk@ky.gov</u> .	
	Assigned Providers		
	No Information Found		
	Workbasket		
	Filter By: Select One		
		Copyright © 2009 Commonwealth of Kentuck	

My Contracts

Click My Contracts in the left navigation menu to view existing Contracts or create a new Contract. Contracts may be filtered by Contract/Fiscal Year or by selecting All. Click View to display existing Contracts.

Home ECCAP Contracts	
ECCAP	Contract Year : All View Add New Contract
My	All
Contracts	2023
	2024
Site Map Privacy Disclaimer Individuals with Disabilities	2025

The ECCAP Contracts grid displays all Contracts associated with the Employer/Business attached to the employer account.

ECCAP Contra	cts							*
		Contract Year	All View Add New Contract					
Contract No.	Employer Name	Employee Name	Provider Information	Effective Date	Expiration Date	<u>Status</u>	<u>Status Date</u>	
10098	Steph C Job	Steph EE28	Cissell STARS III - L370844	3/12/2024	6/30/2024	Approved	3/12/2024	Correspondence

Click the Contract No. to view the Contract History Details grid or click the Correspondence link to view the Contract Correspondence Details grid.

The Contract History Details grid displays with additional details of the selected Contract. Click the Version link to view the selected Contract or click the DCC-600 link to view the Contract in PDF format.

Versions	<u>Status</u>	<u>Status</u> <u>Date</u>	Employer Section Status	Employer Section Status Date	<u>Employee Section</u> <u>Status</u>	Employee Section Status Date	<u>Provider Section</u> <u>Status</u>	Provider Section Status Date	
<u>Initial</u>	Approved	5/30/2024	Approved	5/30/2024	Approved	5/30/2024	Approved	5/30/2024	DCC- 600
Amend 1	Pending	5/30/2024	Submitted	5/30/2024	Submitted	6/3/2024	Pending	5/30/2024	DCC- 600
						The DC	C-600 link is disab	led if the Contract is	in

Amend, Pending, Submitted, or Returned status.

The Contract Correspondence Details grid displays with all notices related to the selected Contract. Click the DCC-605 link to view the notice.

Contract Correspondence Details		
Sent Date	Contract Status	
3/22/2024	Approved	DCC-605

Workbasket

Pending or Returned Contracts can be accessed via the My Contracts page (as described above) or the Pending/Returned DCC-600 Employer workbasket. The Workbasket is located at the bottom of the Home page. Select the Pending/Returned DCC-600 Employer workbasket filter to view Contracts associated with your Employer/Business when the Employer Section is in Pending or Returned status. Click the Contract No. link to open the Contract.

Workbasket				
Filter By: Pending/Returned DCC-600 Employer 🗸				
Contract	No. Employer Nan	e <u>Employee Name</u>	<u>Status</u>	<u>Status Date</u>
10106	Steph C Job	Steph EE22	Pending 3/	13/2024

Creating a Contract

Click the Add New Contract button on the My Contracts page to create a new Contract.

Home ECCAP Contracts	
ECCAP	Contract Year : All View Add New Contract
My	All
Contracts	2023
	2024
Site Map Privacy Disclaimer Individuals with Disabilities	2025

The DCC-600 Contract Summary panel displays. These fields will populate as the Contract is completed.

The Choose Fiscal Year dropdown will always include the current state fiscal year. The dropdown will include the current and the next fiscal year between April 2 and June 30 of each year.

DCC-600 Contract Summary		4
Contract ID:		Fiscal Year:
Status:		Status Date:
Effective Date:		Expiration Date:
Employer:		
Employee:		
Provider(s):		
Add New Contract		
Choose Fiscal Year:	Select One	Employer Name: Select One 💌
	Select One Start Contract Cancel	
	2024 (07/01/2023-06/30/2024)	
	2025 (07/01/2024-06/30/2025)	

A warning message displays if the next fiscal year is selected. Change the selection to the current fiscal year if you want the start date of the Contract to be the date the Contract is submitted. Continue with the selection if you want the Contract to begin on July 1.

Please apply for the	current fiscal year, if applicable, before applying for the next state fiscal year.
Effective Date:	Expiration Date:
Employer:	
Employee: Provider(s):	
Add New Contract	
Choose Fiscal Year: 2025 (07/01/2024-06/30/2025) -	Employer Name: Select One 👻

Select the Employer Name associated with your account. Contact DCC if the Employer Name dropdown does not include your business. Click the Start Contract button.

Add New Contract	
Choose Fiscal Year: 2024 (07/01/2023-06/30/2024) 🗸	Employer Name: Select One
Start Contract Cancel	Select One
	Steph C sob

The DCC-600, Employer Section displays.

Section I. To be completed only by the employer	*				
Employee Details					
*First Name: *Last Nam	e: Middle Name:				
*Is this person currently employed by you? O Yes O No	Employee title:				
*Employee email address:					
*Date hired					
*Does your employee have any ownership in the business?					
*Employee's share of taxes deducted from gross wages?					
*Gross monthly income:					
*Has the employee been employed for two or more months? Over ONO					
If yes, list the wages that have been paid during the previous two months or upload two months of paystubs.	For self-employed individuals, please upload the most recent tax return or recent business records.				
Employee Wage Details					
Add	Vage Info				
Employee Document Upload Details					
Choose File No file chosen					
Upi	pad File				
- Employer Detaile -	fereland Pakila				
*Does the business have less than fifty (50) empl	oyees working more than thirty-five (35) hours per week?				
*Industry type: Select One	*Monthly contribution toward employee's child care:				
Employer/Business Name: Steph C Job	Phone: 5024449999				
"Email address:	"Total number of employees:				
Physical Address: Job 1 , Job City KY 78459	Physical Address County: FLOYD				
Mailing Address: Job 1 - Mail , Job City - Mail KY 88888					
Warning: Any person who aids another person to obtain assistance (or benefits) fraudulently is subject to penalties provided by state law, KRS 199.990(8) including fines, imprisonment, or both. I certify that the information contained in this form is true and correct to the best of my knowledge.					
*Title of person completing section:					
Employer Signature: Steph ER5	Date: <u>3/13/2024</u>				
Save Submit	Clear Cancel				

First Name, Last Name, and Employee email address are required to save. Employee email address must match the email associated with your employee's KOG account.

If the below message displays:

- Verify the email is entered correctly.
- Verify the employee's KOG account has been created and approved.
- Verify the employee has signed into their KOG account and opened Provider Portal at least once.

Try to create the Contract again after confirming the above.

	• The employee email must match the email address the employee used for Kentucky Online Gateway access.					
	DCC-600 Contract Summary					
	Contract ID:					
	Status:					
	Effective Date:					
	Employer:					
	Employee:					
	Provider(s):					
Ĵ	Section I. To be completed only by the employer					
	Employee Details					
	*First Name: Steph *Last Name: EE					
	*Is this person currently employed by you? \bigcirc Yes \bigcirc No					
	*Employee email address: kiccstest+steph.ee@gmail.com					

A successful message displays once the Contract is saved. The DCC-600 Contract Summary panel begins populating with related data as the Contract is saved or submitted. Once the Contract is successfully saved, you may leave the page and return to finish later, if needed.

he employer section of the contract has been saved. The contract number is 10106.					
	~				
Fiscal Year: 2024					
Status Date: 3/13/2024					
Expiration Date:					
	Fiscal Year: 2024 Status Date: 3/13/2024 Expiration Date:				

Complete all required fields, indicated with an asterisk.

You must enter wage details and/or upload 2 months of pay stubs if the employee has been employed for two or more months.

*Has the employee been employed for two or more months? O Yes O No
If yes, list the wages that have been paid during the previous two months or upload two months of paystubs. For self-employed individuals, please upload the most recent tax return or recent business records.
Employee Wage Details
Add Wage Info
Employee Document Upload Details
Choose File No file chosen
Upload File

Click the Add Wage Info button to add wage details. Click Save Wage Info to add the details to the grid. Repeat these steps to include 2 months of pay information. Click the Edit link if you need to correct any records.

Employee Wage Details							
	Date Received:					Hours:	
	Gross Wages:					Tips:	
			Save Wage Info C	lear Cancel			
Employee Wage Details							
Edit Wage		Date Received		Hours		Gross Wages	Tips
Edit	3/1/2024			80	\$1,500.00		
Edit	2/16/2024			75	\$1,350.75		
Add Wage Info							

Click Choose File to upload pay stubs. A window will open to select a file from your computer. Select the file and click Upload File to add it to the grid. Repeat these steps to include 2 months of pay information. Click the Document Name link to view the uploaded document. Uploaded files cannot be deleted.

Employee Document Upload Details						
Document Name	Upload Date	User Uploaded				
<u>TestDoc.docx</u>	3/13/2024	Steph ER5				
Choose File No file chosen	Upload File					

The "Monthly contribution toward employee's child care" is the amount your business commits to paying.

The Employer/Business Name, Phone, and Address fields populate based on the selected Employer Name and the record create by DCC. Notify DCC if any corrections are needed to this information.

Employer Details			
Employer Details			
	*Does the business have less than fifty (50) employ	yees working more than thirty-five (35) hours per week?	○Yes ○No
"Industry type:	Select One	"Monthly contribution toward employee's child care:	
Employer/Business Name:	Steph C Job	Phone:	5024449999
*Email address:		*Total number of employees:	
Physical Address:	Job 1 , Job City KY 78459	Physical Address County:	FLOYD
Mailing Address:	Job 1 - Mail , Job City - Mail KY 88888		

Click Save once all fields are complete. Select the "I certify" checkbox to indicate the form is completed accurately. Review the Contract prior to clicking the Submit button. Click Submit once no additional changes are needed.

Varning: Any person who aids another person to obtain assistance (or benefits) fraudulently is subject to penalties provided by state law, KRS 199.990(8) including fines, imprisonment, or both.						
*Title of person completing section: Manager Employer Signature: <u>Steph ERS</u>	Date: <u>3/13/2024</u>					
Save Submit C	lear Cancel					

Red messages will display on Save or Submit if any required fields are missing or if any data is in an invalid format. A red asterisk will display next to any field requiring correction or completion.

No selection has been made			
DCC-600 Contract Summary	*Industry type:	Select One	• *

A successful message displays once the Contract is submitted.

Notify the employee that their section of the Contract is now available for completion.

he employer section of the contract has been submitted. The contract number is 10106.							
DCC-600 Contract Summary							
Contract ID: 10106	Fiscal Year: 2024						
Status: Pending	Status Date: 3/13/2024						
Effective Date: 3/13/2024	Expiration Date: 6/30/2024						
Employer: Steph C Job							
Employee: Steph EE22							
Provider(s):							

The Contract is available for DCC to review once the employer, employee, and provider(s) have submitted each section of the Contract.

Returned Contracts

DCC may determine that more information or corrections are needed on the Contract. DCC has the option to mark a section of the Contract incomplete and return the Contract. Email notifications are sent to the portal users associated with the Contract when the Contract is returned.

Returned Contracts may be selected from the My Contracts page or the Pending/Returned DCC-600 Employer workbasket. The Contract will only display in the Pending/Returned DCC-600 Employer workbasket if the Employer section was marked incomplete.

Click the View Section Details link in the Contract Summary panel after selecting the Contract. The Section Details includes the Review Result and Review Notes when a Contract is in Returned status. The Review Notes will provide instructions from DCC for updating the Contract.

CC-600 Contract Summary		
Contract ID: 10056 Status: Returned Status Date: 3/22/2024 Effective Date: 7/1/2024		Fiscal Year: 2025 Status Reason: Expiration Date: 6/30/2024
Employer: Steph ECCAP Job		
Employee: Steph Nineteen Provider(s): Cissell 5 Partners (L371615) View Section Details		
©DCC-600 Contract Summary		
Contract ID: 10056		Fiscal Year: 2025
Status: Returned		Status Reason:
Status Date: 3/22/2024		Evaluation Data: 6/20/2024
Effective Date. 7/1/2024		Expiration Date. 0/30/2024
Employer: Steph ECCAP Job		
Employee: Steph Nineteen		
Provider(s): Cissell 5 Partners (L371615)		
Hide Section Details		
Section: Cissell 5 Partners (L371615)	Status: Returned	Status Date: 3/22/2024
Review Result: Incomplete		
Review Notes: correction needed for child's start date		
Section: Employee	Status: Returned	Status Date: 3/22/2024
Review Result: Incomplete		
Review Notes: proof of spouse's income needed		
Section: Employer	Status: Returned	Status Date: 3/22/2024
Review Result: Incomplete		
Review Notes: Additional wage details or uploaded stubs needed.		

Complete the requested updates and click the Submit button. The Contract will be resubmitted to DCC after all incomplete sections of the Contract are resubmitted. Sections can be completed in any order when a Contract is in Returned status. For example, if all sections are marked incomplete, the provider may complete their changes and resubmit even if the employer and employee have not completed their updates yet.

Amendments

Amendments are updates to an Approved Contract. Amendment reasons include new dependent, change in household size, provider change, address/phone change or a combination of these reasons. No changes are allowed to the Employer section during an Amendment. Email notifications are sent to the portal users associated with the Contract when the status updates to Amend. This is informational for employers. No action is required.

Contract Versions

A new version of the Contract creates when an Amendment is started. The Initial version becomes read-only. This allows viewing the Contract with all details when it was initially approved and viewing the current details. The Amend 1 version becomes read-only if a second Amendment is started. Each version may be selected/viewed via ECCAP Search, Contract History Details.

Contr	Contract History Details								
<u>Versions</u>	<u>Status</u>	<u>Status</u> <u>Date</u>	Employer Section Status	<u>Employer Section Status</u> <u>Date</u>	<u>Employee Section</u> <u>Status</u>	<u>Employee Section Status</u> <u>Date</u>	<u>Provider Section</u> <u>Status</u>	<u>Provider Section Status</u> <u>Date</u>	
Amend 1	Pending	5/23/2024	Submitted	5/23/2024	Pending	5/23/2024	Submitted	5/23/2024	DCC- 600
<u>Initial</u>	Approved	5/23/2024	Approved	5/23/2024	Approved	5/23/2024	Approved	5/23/2024	DCC- 600

DCC-605 Employee Child Care Assistance Partnership Notice of Action

A DCC-605 generates to notify all parties when a Contract is Approved, Denied, Terminated, or Amended. The notice is mailed to the employer, employee, and provider(s) and is available on the My Contracts page in the Contract Correspondence Details panel. Email notifications are sent to the portal users associated with the Contract when correspondence is available.

Contract Correspondence Details		
Sent Date	Contract Status	
3/22/2024	Approved	DCC-605
3/22/2024	Amend	DCC-605